



*Visitor Services Program
Docent Application Form*

Visitor Services Program Docent Application

Date: _____

Important information about you -

Last Name	First Name		
Street Address			
City	State	Zip	
E-mail address			
Telephone (day)		(evening)	
Age Group (check one)	() 19-34	() 35-60	() 60+

Emergency contact or other reference -

Name	Relationship to you
Telephone Number	

Your education background -

Your professional background (or, if you prefer, attach a resume) -

Occupation
Employer's Name
Employer's Address

Other volunteer experience (most recent, or, if you prefer, include on a resume)-

Organization	Dates
Duties	
Reference	
Organization	Dates
Duties	
Reference	


Foreign Language? Please list -

Indicate fluency	() Basic	() Conversational	() Fluent
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Please put an x in the box indicating the days and times you'll be available -

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am-1pm						
1pm-5pm						
Occasional evenings						

Please check your interests -

- | | | | |
|--|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Clerical | <input type="checkbox"/> Politics/Govt | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Computers | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Utah History |
| <input type="checkbox"/> Capitol History | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Research | <input type="checkbox"/> Writing |

Please list any relevant special training you may have or hobbies -

Describe why you wish to volunteer at the Utah State Capitol -

I enjoy working with (check all that apply) -

- | | | | |
|---|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Elementary
School Age | <input type="checkbox"/> Secondary School
Age | <input type="checkbox"/> Adults | <input type="checkbox"/> Tourists |
|---|--|---------------------------------|-----------------------------------|

Volunteer Covenant

I authorize verification of all information contained in this application. I also understand that volunteering as a Docent at the Utah State Capitol is a commitment to uphold the mission and standards of the Capitol Preservation Board Visitor Services, with a focus on customer service, co-worker and volunteer respect, and maintaining an environment of integrity both to people and to the facility.

As a Docent at the Utah State Capitol, I agree to follow all guidelines and policies set forth. I will participate in the program's training course and understand the request of a two year and an average 8 to 10-hour per month commitment. I understand I may take vacation or leave from the volunteer schedule.

I am aware the Capitol Preservation Board Visitor Services Program has the right to release me from service at any time, just as I have the right to refrain from volunteering at any time.

Signature: _____ Date: _____